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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted with Initial
Filing Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	LIT-PI-344.3
First Named Inventor	Stuart K. Janikowski
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM CONFIGURED FOR APPLYING A MODIFYING AGENT TO A NON-EQUIDIMENSIONAL
SUBSTRATE**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) **09/27/00**

as United States Application Number or PCT International

Application Number **09/677,336** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or Inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or Inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

United States Postal Service as first class mail in an envelope addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Date of Deposit **7-4-01**

Patricia Butikofer

Type or print name of person mailing paper

Patricia Butikofer

Signature of person mailing paper

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)			
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name	Registration Number	Name	Registration Number		
W. Gary Goodson	22,387				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input type="checkbox"/> Customer Number <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below					
Name	W. Gary Goodson				
Address	Bechtel BWXT Idaho, LLC				
Address	P. O. Box 1625				
City	Idaho Falls	State	ID	ZIP	83415-3899
Country	US	Telephone	208-526-9469	Fax	208-526-8339
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any)			Family Name or Surname		
Stuart K.			Janikowski		
Inventor's Signature					Date <u>9/22/01</u>
Residence: City	Idaho Falls	State	ID	Country	US
Post Office Address	314 11th Street				
Post Office Address					
City	Idaho Falls	State	ID	ZIP	83404
<input type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3**

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Mark D.		Argyle						
Inventor's Signature	<i>Mark D Argyle</i>						Date	9/27/00
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US	
Post Office Address	2040 Tiffany Drive							
Post Office Address								
City	Idaho Falls	State	ID	ZIP	83404	Country	US	
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Robert V.		Fox						
Inventor's Signature	<i>Robert V. Z</i>						Date	7/27/00
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US	
Post Office Address	3688 Woodhaven Lane							
Post Office Address								
City	Idaho Falls	State	ID	ZIP	83404	Country	US	
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
W. Alan		Propp						
Inventor's Signature	<i>William Alan Propp</i>						Date	11/24/00
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US	
Post Office Address	781 Brandon Drive							
Post Office Address								
City	Idaho Falls	State	ID	ZIP	83402	Country	US	

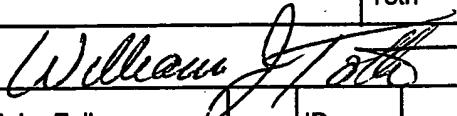
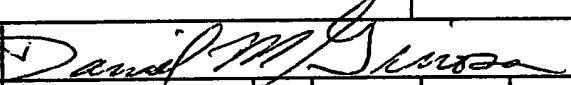
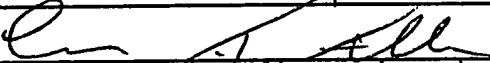
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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3**

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
William J.		Toth					
Inventor's Signature						Date	
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US
Post Office Address	1272 Tipperary Court						
Post Office Address							
City	Idaho Falls	State	ID	ZIP	83404	Country	US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Daniel M.		Ginosar					
Inventor's Signature						Date	
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Post Office Address	915 Pescadero Place						
Post Office Address							
City	Idaho Falls	State	ID	ZIP	83404	Country	US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Charles A.		Allen					
Inventor's Signature						Date	
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US
Post Office Address	3030 Sandstone						
Post Office Address							
City	Idaho Falls	State	ID	ZIP	83404	Country	US

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
David L.		Miller					
Inventor's Signature	<i>Karen Z Miller</i>					Date	9/27/00
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US
Post Office Address	2187 Brentwood Drive						
Post Office Address							
City	Idaho Falls	State	ID	ZIP	83402	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Inventor's Signature						Date	
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Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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